

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43055

Do not use this space.

11305

791

1008

Registered No.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 1620 Hickory St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Robert Parker

(a) Residence, No. 1620 Hickory St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 5 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (CITY OR TOWN) Bunker (STATE OR COUNTRY) Missouri

FATHER 13. NAME Joseph Parker
14. BIRTHPLACE (CITY OR TOWN) Bunker (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Rosell Reese
16. BIRTHPLACE (CITY OR TOWN) Bunker (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Joseph Parker
1421 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greeley Missouri DATE 12/9/37

19. FUNERAL DIRECTOR (ADDRESS) Allen W. McLaughlin
2301 Lafayette Ave.

20. FILED DEC 8 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7 1937

22. I HEREBY CERTIFY That I attended deceased from Dec. 7 1937, to Dec. 7 1937.

I last saw him alive on Dec. 7 1937. Death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) W. W. Harris, M. D.
(Address) 3476 W. Howell

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

L. R. Cooper

Licensed Embalmer No.

3633

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)